

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (How: Use Block 1 for any change of address)

28075 7390 10/20/2005
CROMPTON, SEAGER & TUFTE, LLC
1221 NICOLLET AVENUE
SUITE 800
MINNEAPOLIS, MN 55403-2420

Note: A certificate of mailing can only be used for domestic mailing of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

THU H. LE-TO (Depositor's name)
[Signature] (Signature)
JANUARY 19, 2006 (Date)

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO. Values: 10070939, 05/13/2002, Michael Schwager, 1001.1591101, 4760

TITLE OF INVENTION: GUIDING AID

Table with 6 columns: APPLN TYPE, SMALL ENTITY, ISSUE FEE, PUBLICATION FEE, TOTAL FEE(S) DUE, DATE DUE. Values: nonprovisional, NO, \$1400, \$0, \$1400, 01/20/2006

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS. Values: MARMOR II, CHARLES ALAN, 3736, 600-585000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: SCIMED LIFE SYSTEMS, INC
(B) RESIDENCE (CITY and STATE OR COUNTRY): MAPLE GROVE, MINNESOTA

Please check the appropriate assignee category or categories (will not be printed on the patent): [] Individual [X] Corporation or other private group entity [] Government

4a. The following fee(s) are enclosed.
[X] Issue Fee
[X] Publication Fee (No small entity discount permitted)
[X] Advance Order - # of Copies one (1)
4b. Payment of Fee(s):
[X] A check in the amount of the fee(s) is enclosed
[X] Payment by credit card, Form PTO-2038 is attached.
[X] The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)
[] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
[] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: [Signature] Date: 1/19/06
Typed or printed name: DAVID M CROMPTON Registration No.: 36,772

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



CROMPTON | SEAGER | TUFTTE | LLC
Patent, Trademark & Copyright Attorneys

1221 Nicollet Avenue, Suite 800
Minneapolis, Minnesota 55403-2420
Phone 612.677.9050
Fax 612 359.9349

FAX TRANSMISSION COVER LETTER

TO: Commissioner for Patents
Attn: Mail Stop Issue Fee
P.O. Box 1450
Alexandria, VA 22313-1450

DATE: January 19, 2006
FROM: David M. Crompton
OUR REF: 1001 1591101
TELEPHONE: 612-677-9050

Total pages, including cover letter: 4

PTO FAX NUMBER: 571-273-2885

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

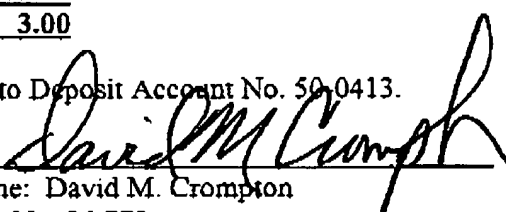
Title of Document(s) Transmitted: ISSUE FEE TRANSMITTAL IN DUPLICATE, AND CHANGE IN FEE ADDRESS

Applicant: Michael Schwager
Serial No.: 10/070,939
Filed: May 13, 2002
Group Art Unit: 3736
Our Ref. No.: 1001.1591101
Confirmation No.: 4760
Customer No.: 28075


Please charge Deposit Account No. 50-0413 as follows:

Fee Code <u>1501</u>	<u>\$1,400.00</u>
Fee Code <u>1504</u>	<u>\$ 300.00</u>
Fee Code <u>8001</u>	<u>\$ 3.00</u>

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413.

By: 
Name: David M. Crompton
Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Name: THU H. LE-TO

JANUARY 19, 2006
Date